

**APPENDIX 510.5A
PARTIAL HOSPITALIZATION
PROGRAM DESCRIPTION REQUIREMENTS**

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| Name of Facility: |
| Physical Address: |
| Name of Hospital Affiliation: |
| Physical Address: |

Complete the Program Description Requirements for each program the facility will serve

| | | |
|---|--|------------------------|
| Days/Hours of Operation: | | |
| <input type="checkbox"/> Day Program | 4 Hours Per Day x 5 Days Per Week | 20 Hours Per Week |
| <input type="checkbox"/> Evening Program | 4 Hours Per Day x 4 Days Per Week | 16 Hours Per Week |
| Risk status continues to be appropriate for this level of care | | |
| <input type="checkbox"/> 2 Hour Program | 2 Hours Per Day x 3 to 5 Days Per Week | 6 to 10 Hours Per Week |
| <p>**** <u>Check only one program.</u></p> <p><u>If the site is planning to provide more than one program a new Program Description Requirements form must be completed for each program.</u></p> | | |

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| Target Population |
| Age of Population Served: |
| <input type="checkbox"/> Under 18 years 11 months of age |
| <input type="checkbox"/> Adult Over the age of 19 years |
| <p>**** Check only one age group. If the site is planning to provide more than one program a new Program Description Requirements form must be completed for each program. When a Partial Hospitalization Program is serving both groups, the provider must provide separate groups and provide daily and weekly programming schedules for both groups which do not include both age groups at the same time.</p> |

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Therapeutic Services Program

Describe Therapeutic Services the Program will provide:

- ☐ **Psychiatric Services:** (active treatment includes, but is not limited to individual and psychotherapy, medication evaluation and therapy, psychodrama, expressive therapies and theme specific therapy groups such as communication skills, assertiveness training, stress management)
- ☐ **Substance Abuse Services:** (Chemical dependency education and prevention, symptom recognition, problem solving, relaxation training and stress management)

****** Check only one Therapeutic Services Program. If the site is planning to provide more than one program a new Program Description Requirement form must be completed for each program.**

- Attach a **daily** and **weekly** schedule of programming describing those activities that are considered billable services. Noting the time spent on each activity;
- Attach a list of all staff names and credentials to include:
 - Facility Director
 - Board Certified/Board Eligible Psychiatrist (for children under age 14, the Psychiatrist must be Board Certified/Board Eligible Child Psychiatrist)
 - Registered Nurse (BA level or Certified Psychiatric Nurse)
 - Psychologist
 - Licensed Clinical Social Worker (LCSW)
 - Education Specialist in the case of a child/adolescent program
 - Activities Therapist
 - Also include names and credentials of **any** per diem staff.

Any changes in the above staff must be reported to the Bureau for Medical Services within one week of change. Forward information to:

**West Virginia Department of Health and Human Resources
Bureau for Medical Services
Attention: Director of Facility Based and Residential Care
350 Capitol Street, Room 251
Charleston, West Virginia 25301**

I understand that the West Virginia State Medicaid Agency or their representatives may rely on this program description in determining whether the facility is entitled to payment for its services, is in compliance with the requirements set forth in Chapter 510, Hospital Services specifically those identified for Partial Hospitalization. Evidence of the program veering from the program description, as set forth above, is not acceptable. The service and clinical model described reflects knowledge and use of 42 CFR Partial Hospitalization Program and the best practice standards available in the field.

Name of Facility Director:

Signature of Facility Director/Date